Statement

No. K. 11016/7/88-V&EMR

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

NEW DELHI, Dated

SUBJECT : Ministry of Health & F.W.— constitution of 'Shikayai Adalat' relating to CGHS and Hospitals.

In order to settle the grievances of the aggrieved CGHS beneficiaries and public at large receiving treatment from the hospitals, within a reasonable time, it has been decided to form 'Shikayat Adalat' with immediate effect in Delhi under the Ministry of Health and F.W The modalities of the formation of the Adalat are as indicated below:

(a) Bench

The Adalat will comprise of a four member bench chaired by the Dy. Director General (M) of Dte. G.H.S. New Delhi. The other three member will be as below:

(i) Dy. Secretary (IF), Ministry of Health & F.W.

(ii) Director, CGHS.

(iii) Medical Supdt. of the related Hospital will be associated at the time of Adalat.

(iv) Director (EMR), Det. G.H.S. Member-Secretary.

(b) Scope

The type of complaints and disputes which will be taken up by the Adalat will cover all types of problems relating to the services being rendered by the CGHS and the hospitals.

(c) Jurisdiction and Venue

The Adalat for the present will only deal the cases relating to the CGHS/ Hospitals in Delhi only. The venue of the Adalat has been kept open and will be intimated to all concerned at the appropriat time.

(d) Frequency date and time

The Adalat will be held once in three months. The venue and dale will be Axed by the Chairman and a notice will be sent to all represetitationist/complal-nants with intimation that he may present his case orally if he so wishes.

(e) Complamts/repreaentattons

All complaints for the Adalat . Anil be sent to Dr. B. K. Verma, Director (BMR), Dte. GHS, New Delhi under intimation to Director of Public Grievances Ministry of Health and Family Welfare, Nirman Bhavan, New Delhi-110011. Dr. B. K. Verma, as Member Secretary will examine and place the complaints before the Adalat wherever necessary. Complaints received after the period of six weeks from the date of hearing will be placed in the next hearing of the Adalat. The cases which do not fall within the scope of the Adalat, will be replied to the complanant indicating the result of enquiry/investigation etc. and the decision taken.

Sd/-(R. Sethuraman)

DEPUTY SECRETARY TO THE GOVT, OF INDIA

Development of oral contraceptive

974. DR. G. VIJAYA MOHAN REDDY: Will the Mnister of HEALTH AND FAMILY WELFARE be pleased to state:

fa) whether it is a fact that 'Cen-tecbroman' a non-harmonal oral contraceptive developed by the Doctors of Central Drugs Research Institute, is con-sidered to be very effective without much side effects;

(b) if so. what action Government propose to take, to manufacture the drug in sufficient quantities to reach all family planning centres in the country: and

(c) what steps Government propose to take give adequate publicity for ensuring wide-spread use of the drugs?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) Yes, Sir.

(b) and (c) Commercial production of the drug is beiqg scaled up by M/s Hindustan Latex Ltd. and M/s Torrent Pharmaceuticals, Ahmedabad.

Government is preparing for distribution and use of this drug in its Family Planning Programme.

Unemployed doctors in India

975. SHRI SHABBIR AHMAD SALARIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what was the State/District/Tehsil-wise break up of MBBS/MD/MS unemployed doctors in the country in the year 1988, 1989, 1990 and 1991;

(b) what are the reasons for their being unemployed; and

(c) what steps are being taken to check the unemployment of Doctors?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) The available information is in the attached statement. *(See* below).

(b) and (c) No study has been done in this regard. The Central Government does not have any special scheme to provide employment to qualified doctors except for normal vacancies arising out of the retirement migration abroad or normal increase of posts from time *to* time in Government Organisations. However, it is felt that the unemployment amongst doctors is not a real problem as there are vast opportunities of self employment in rural areas, registration in employment exchange is generally done to obtain Government jobs or jobs in better places.

Statement

Number of Graduates (.including post-graduates) in Medicine on the Live Register of Employment exchanges in the country as at the end of 19SS, 1989 *and* 1990 *June)*

SI.No	State/Union Territorries	No. of Live Register as at the end of		
		1988	1989	1991 (June)
1	2	3	4	5
1	Andhra Pradesh	3020	2537	2661
2	Arunachal Pradesh.	1		
3	Assam	96	224	190
4	Bihar	1354	1314	1283
5	Goa	173	217	228
6	Gujarat	688	635	513
6	Haryana	658	874	963
7	Himachal Pradesh	238	205	220
9	Jammu and Kashmir	33	38	23